



9-12-05

AF/1614/2206/5

Atty. Dkt. No. 310473-1250

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Guy Michael MILLER, et al.

Title: METHODS FOR THE  
PREVENTION AND  
TREATMENT OF CEREBRAL  
ISCHEMIA USING NON-ALPHA  
TOCOPHEROLS

Appl. No.: 10/020,450

Filing Date: 12/14/2001

Examiner: Spivack, Phyllis G.


Art Unit: 1614

CERTIFICATE OF EXPRESS MAILING  
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV 643 730 745 September 8, 2005  
(Express Mail Label Number) (Date of Deposit)

Rene Campos

(Printed Name)

  
(Signature)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Office Action dated May 25, 2005, rejecting Claims 1, 2, 4, 6, 9-23, 33-38, 42-47 and 51-72. The Office Action set a 3-month period for response. Together with a one-month Extension of Time, this Notice of Appeal is timely filed on or before September 25, 2005.

- ☒ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below.

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01 FC:2401

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$620.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$310.00
	TOTAL FEE:	\$310.00

☒ Check No. 1329 in the amount of \$310.00 is enclosed.

☒ Return Receipt Postcard is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Sept. 7, 2005

By Lorna L. Tanner

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